

Arkansas State Board of Architects

RENEWAL OF CERTIFICATE OF AUTHORIZATION

CERTIFICATE OF AUTHORIZATION NUMBER: _____

FIRM NAME: _____

ADDRESS(1): _____

ADDRESS(2): _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

E-MAIL ADDRESS: _____ WEB ADDRESS: _____

TYPE OF ORGANIZATION: _____
(Corporation, Partnership, Limited Liability, etc.)

STATE IN WHICH ORGANIZATION IS INCORPORATED: _____

List below EVERY Director (Corporations/LLC) OR Partner (Partnership) including ALL of the following information. Use additional sheets if necessary.

Eligibility Requirements: 2/3 of the Directors for a Corporation/Limited Liability Corporation or 2/3 of the Partners for a Partnership must be Architects or Engineers and one Director/Partner must hold a valid Arkansas Individual Architects' License.

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

Name: _____ Registration State: _____ Registration #: _____

Firm Address/City/State/Zip: _____

Disciplines (Architect, Engineer, etc.): _____

List the name of the director or partner along with their Arkansas registration number who has the practice of architecture in his charge for the State of Arkansas. This person must be registered to practice architecture in the State of Arkansas.

Director/Partner: _____ AR Registration #: _____

NOTE: This individual must maintain a current Arkansas Individual Architects License. Failure to maintain valid license shall result in revocation of the Firms' Certificate of Authorization.

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND ACCURATE.

Signed: _____
President or General Partner Title Date